


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 18, 2005 08:00 AM**  
**Secretary of State**

|   |   |   |
|---|---|---|
| <b>DOCUMENT # L01000005664</b><br>1. Entity Name<br>LEISURE PROPERTIES, L.L.C.  |   |  |
| Principal Place of Business<br>2891 SCENIC GULF DRIVE<br>DESTIN, FL 32550   |   | Mailing Address<br>P.O. BOX 6877<br>MIRAMAR BEACH, FL 32550                       |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |   |
| 6. Name and Address of Current Registered Agent<br><br>MCGILL, ROBERT E III<br>36008 EMERALD COAST PARKWAY, SUITE 301<br>DESTIN, FL   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by September 7, 2005</b>   |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>THOMPSON, SUZANNE<br>PO BOX 6877<br>DESTIN, FL 32550 | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |   |
| SIGNATURE: <u>Suzanne Thompson</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>   |   | <u>5/1/05</u> <u>(850) 269-2038</u><br><small>Date Daytime Phone #</small>        |



05062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3725001

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

000000357454  
05/18/05-80002-002 50.00